



Iowa Waste Tire Hauler
Semi-Annual Activity Report
Reporting Period Year _____



- ☐ January 1, - June 30, due September 1st
☐ July 1, - December 31, due March 1st

Instructions:

- Complete all sections with the information requested.
- Sign the form where indicated
- Return the form by due date
- Retain copies of receipts and records used to prepare this report

SECTION I – HAULER INFORMATION

Hauler Registration Number: _____

Contact Name: _____

Facility Name: _____

Address: _____

City, State, Zip: _____

Mail completed form to:

Iowa Department of Natural Resources
Energy and Waste Mgmt Bureau
502 East Ninth Street
Des Moines, Iowa 50319

Or Fax to: 515-281-8895 Attn: Chad Stobbe

SECTION II – QUANTITY OF TIRES COLLECTED

YOU MAY REPORT THE QUANTITIES OF WASTE TIRES YOU COLLECTED FROM YOUR CUSTOMERS IN EITHER TOTAL TONNAGE OR COUNT BY TYPE OF TIRE. PLEASE SELECT ONLY ONE TYPE OF REPORTING METHOD.

A. TOTAL TONNAGE RECEIVED FROM IOWA:

◀ OR ▶

Total Tonnage: _____

B. TOTAL COUNT OF TIRES RECEIVED FROM IOWA:

Passenger car/light truck: _____

Semi-truck _____

Tractor tires _____

Other (please list type) _____

Total Count: _____

**C. TOTAL TONNAGE RECEIVED FROM OUT-OF-STATE
(MARK "0" IF NOT APPLICABLE):**

◀ OR ▶

Total Tonnage: _____

**D. TOTAL COUNT OF TIRES RECEIVED FROM OUT-OF-STATE
(MARK "0" IF NOT APPLICABLE):**

Passenger car/light truck: _____

Semi-truck _____

Tractor tires _____

Other (please list type) _____

Total Count: _____

SECTION III – WASTE TIRE DELIVERY LOCATIONS:

LIST THE SITE OF DELIVERY FOR ALL TIRES COLLECTED AS REPORTED IN SECTION II, INCLUDING TOTAL TONNAGE OR COUNT DELIVERED TO EACH LOCATION. NOTE: YOUR TOTALS REPORTED HERE SHOULD EQUAL THE TOTAL TONNAGE/COUNT REPORTED IN SECTION II. TIRE HAULERS ARE NOT PERMITTED TO TEMPORARILY STORE ANY TIRES COLLECTED.

LOCATION 1: NAME OF LOCATION	PERMIT number of facility issued by state permitting authority:
ADDRESS (street, city, county, state, zip, – <i>do not list P.O. Boxes</i>)	TOTAL QUANTITY OF TIRES DELIVERED (tonnage or count)
LOCATION 2: NAME OF LOCATION	PERMIT number of facility issued by state permitting authority:
ADDRESS (street, city, county, state, zip, – <i>do not list P.O. Boxes</i>)	TOTAL QUANTITY OF TIRES DELIVERED (tonnage or count)
LOCATION 3: NAME OF LOCATION	PERMIT number of facility issued by state permitting authority:
ADDRESS (street, city, county, state, zip, – <i>do not list P.O. Boxes</i>)	TOTAL QUANTITY OF TIRES DELIVERED (tonnage or count)

Provide additional information on any other tires delivered to site(s) of used tire resale, grade-off, etc., including total quantities for each:

SECTION IV -**CERTIFICATION**

I CERTIFY UNDER PENALTY OF LAW THAT I AM THE OWNER, OPERATOR, OR AUTHORIZED REPRESENTATIVE OF THE WASTE TIRE HAULER LISTED IN THIS REPORT, AND THAT I HAVE EXAMINED AND AM FAMILIAR WITH THE INFORMATION REPORTED ABOVE, AND THAT I BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

SIGNATURE	PRINTED NAME	DATE
TELEPHONE NUMBER	FAX	EMAIL